

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2004 - JUNE 30, 2005**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2005 JUL 22 PM 12:16

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA/AGING & INDEPENDENCE SERVICES

Division/Unit: Ombudsman Program

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No Vol	126	Hours	8596	X	\$17.55	=	\$150859.80
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Types of work performed by GENERAL VOLUNTEERS in this category:

Advocates for residents of licensed long term care facilities.

Investigates allegations of elder and dependent abuse in care facilities.

Educates the community on long-term care issues.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No Vol	0	Hours	0	X	\$17.55	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					<u>\$0.00</u>
					<u>\$0.00</u>

No Vol	0	Hours	0	X	\$17.55	=	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>126</u>	<u>8596</u>	<u>\$150,860</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS	126	Total Hours	8596	Total Value	\$150,859.80
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: T-III-B, T-VII-A,B Program Revenue Value: \$625,233.00

Item Donated: Ombudsman Initiative Value: \$108,731.00

Item Donated: Cash Donations Value: \$25.00

Item Donated: _____ Value: _____

TOTAL DONATIONS = \$733,989.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 2080 X Rate \$24.22

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 2600 X Rate \$32.83

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : Misc Program Costs Cost: \$99,957.00

Item : Clerical, Admin, Overheads, Indirects Cost: \$163,008.00

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$262,965.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$398,700.60

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$150,859.80

b. Total of Donations to Volunteer Program, Item 3 \$733,989.00

c. Subtract Total of program Costs, Item 4d \$398,700.60

TOTAL PROGRAM BENEFIT:

\$486,148.20

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6. **RECRUITING:**

Please describe your recruiting programs:

AARP recruitment campaign, radio PSA, community health fairs, free advertising in Union-Tribune volunteer section, paid advertising in local papers, posting on two web-sites desgined for recruitment and press releases to newspapers & community publications.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Ombudsman protect the rights of long-term care residents' by serving over 25,000 residents who reside in 688 facilities. Ombdudsmen investigated over 2100 complaints on behalf of long-term care residents and logged over 8500 volunteer hours in FY 04/05.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Conduct two Ombudsman volunteer recruitment campaigns and two 40-hour volunteer certification training sessions. Maintain a volunteer base of 120 active volunteers throughout the year. Will provide approximately 68 hours of training to volunteers.

9. **GENERAL INFORMATION:**

Name of person completing report: Susan Pollock

Phone: (858) 505-6322 Mail Stop: W433 E-Mail: susan.pollock@sdcounty.ca.gov

Volunteer Coordinator: Susan Pollock

Phone: (858)505-6322 Mail Stop: W433 E-Mail: susan.pollock@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

Pamela Smith
DEPARTMENT HEAD SIGNATURE
/es

7-21-05
DATE

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